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ABSTRACT

This document reports findings on the current state of the health of young people in Missouri as documented in a study of school health. A strong recommendation is made for comprehensive school health instruction to help students learn life skills which entail self-esteem, effective communication, peer refusal techniques, decision making, and problem solving. Recommendations are made for four priority areas of action: (1) comprehensive school health instruction; (2) comprehensive school health services; (3) state agency/local coordination; and (4) family and community involvement. Model programs in each of these areas are briefly described. (JD)

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Our Children, Our Health, Our Future

Analysis and Recommendations for Health Education in Missouri

The Missouri Children's Services Commission,
Coordinating Council for Health Education of Missouri's Children & Adolescents

January 1990

SP 032 852

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"Our children are one third of our population and all of our future."

Diane Allensworth,
Former President
American School
Health Association

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"Clearly, no [other] knowledge is more crucial than knowledge about health. Without it, no other life goal can be successfully achieved."

Carnegie Corporation

A Message from the Council

To each child in Missouri:

We believe that no matter who you are or where you live, you have the right to health education. We say and feel this so strongly because this part of your education will affect the quality of your life. For many of you, it will be a life and death matter.

In the first half of this century, health education was taken seriously. Because we didn't have the medicines of today it was important for children to learn in school how to avoid diseases and stay healthy. Medical advances in the 1940s and 1950s taught us how to prevent many children's deaths from diseases like polio, and health took a back seat in our school curricula and in our communities for many years.

In the 1970s we began to realize that children's health was as seriously threatened as in the past. Kids were dying from different causes, most of them violent and preventable. Other serious problems such as drug use and teen pregnancy became more widespread. So the need for health education became an important issue again.

But it took a crisis—the threat of AIDS—for many of us to realize that health education must become a high priority. This deadly disease has provided us with an opportunity to make a real change which can not only help control its spread but also offer you a chance to prevent many other more common and equally deadly health problems.

Grown-ups have known about the importance of health education for a long time. In fact, in November of 1986 our governor held a conference for about 500 people who met to talk about the need for teaching you about health, and to share their ideas about correcting problems they saw. At that meeting the idea of having a council to study health education was formed. We have been working over the past 15 months to study the problems and provide more ideas for solutions.

Unfortunately, in most parts of Missouri, not much has changed or improved in health education since that conference was held. Our four main areas for recommendations are nearly the same as those proposed then:

1. Comprehensive school health instruction
2. Comprehensive school health services
3. State and local coordination
4. Family and community involvement in health education

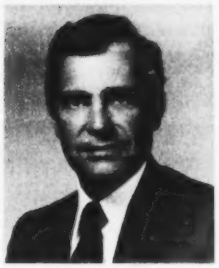
We hope for your sake that this time your future will not be forgotten.

It is our future, too.

Janie K. Vestal, M.D.

Janie K. Vestal, M.D.
Chairperson

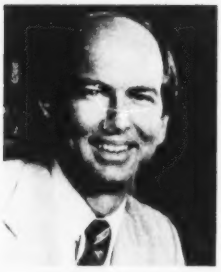
A Message from State Department Leaders



"It has become increasingly clear in recent years—in some cases, tragically so—that American young people face growing threats to their health, safety and welfare. It also has become obvious that educators cannot ignore the impact of new health risks on students. Today, many teachers and schools find themselves dealing regularly with problems such as teen pregnancy, drug and alcohol abuse, poor nutrition, child abuse, and emotional disturbances. When students bring such problems to school with them, educators must try to deal with both the personal and educational consequences.

"There is widespread agreement that better education and prevention are the keys to reducing health risks for young people, but schools cannot meet this challenge alone. I am gratified by the work of the Coordinating Council on Health Education, as well as the efforts of other state and national organizations, to promote interagency cooperation and community-based programs aimed at reducing health-related risks and supporting our schools' efforts to upgrade health education."

Robert Bartman, Ed.D., Director
Department of Elementary and Secondary Education



"Health education is the most cost-effective means our Department has to accomplish its mission of preventing communicable and chronic diseases. At an early age, our young people begin adopting health habits they will have throughout their adult lives. By the end of elementary school they have had to make decisions about exercising, what they eat and whether or not to use cigarettes, smokeless tobacco, alcohol, or other drugs. Adolescent students must be informed about AIDS and sexually transmitted diseases, if the spread of these diseases is to be prevented. It is imperative that our schools, communities and health departments across the state collaborate in comprehensive health education efforts to assure that our youth have a healthy future."

Robert Harmon, M.D., M.P.H., Director
Department of Health

"There are many tragedies society and its government cannot prevent. Our government services systems are currently staggering under the magnitude of people suffering from these health, mental health, and social problems. However, many of the problems can clearly be avoided through prevention and education programs already proven effective in other locations in our country. This document suggests such efforts. It will be inexcusable if we in Missouri do not give proper attention to these efforts. If we do not do so, the resulting costs, both in human suffering and dollars, will stand as an indictment of our lack of vision and commitment to action."

Keith Schafer, Ed.D., Director
Department of Mental Health

"Traffic crashes are one of the leading killers in our society and the number one cause of death and disabling injury for young people. In addition to the tragic loss of human potential, the care and burden of traffic crash victims, particularly young people, has taken an exhorbitant economic toll on society. Long term care for one teen disabled in a traffic crash will run in the millions of dollars during his or her lifetime. Although we cannot eliminate traffic crashes, we can significantly reduce the resulting injuries and fatalities through prevention efforts and education. Safety belt use, helmet use and drinking and driving countermeasures are by far the most cost effective means we have in battling the impact of traffic crashes."

Richard Rice, Director
Department of Public Safety

"The Department of Social Services must address the outcomes when children do not receive the nurturing so vital to healthy development. The cost in terms of human suffering is incalculable and the cost to the taxpayer is staggering. Prevention efforts will make a significant difference when every community and delivery system recognizes their stake in the outcomes and their responsibility to be a part of the solution."

Gary Stangler, Director
Department of Social Services

The Council's Charge and Challenge

In response to our state's need to strengthen health education, the General Assembly passed Senate Bill 202 in 1987. The bill established the Coordinating Council for Health Education of Missouri's Children and Adolescents within the Children's Services Commission. The Council's mission was to promote the coordination of health education services in order to improve the health status of Missouri youth.

Council members included directors of the state departments of Elementary & Secondary Education, Health, Mental Health, Public Safety, and Social Services, state legislators, parents, teachers, students, and representatives from higher education, the medical profession, public health, and juvenile justice.

In summary, the senate bill required the Council to:

- review existing health education programs and models;
- promote healthy family life;
- promote a comprehensive approach to health education;
- examine health education training of K-12 school teachers and administrators;
- identify health education clearinghouses in Missouri;
- explore funding options to support school and community health education programs; and
- facilitate state agency coordination of health education services.

The Council conducted its study from September 1988 through December 1989. State and national experts were consulted to assure that the Council's study and recommendations would be based on the most current research and effective program models in health education. Recommendations were sought from school, community, and university leaders across the state. The Council held public forums, surveyed public and private schools regarding health education needs, and visited health education programs throughout Missouri.

Significant strides are being taken to improve the health of our youth, and some excellent model programs worthy of replication exist throughout our state. However, our children and their families still have many health problems which challenge our state, communities and schools to take action now to create a healthier future for our children and society.

What is Comprehensive Health Education?

Comprehensive health education in the school and community maintains, reinforces, or enhances the health, health-related skills, and health attitudes and practices of children and youth.

In the context of this report, comprehensive health education has two meanings.

The first is **comprehensive school health instruction**. It is a well-planned integral part of the instructional program provided to *all* students in grades K-12. A written health curriculum for all grade levels provides the needed framework to organize and guide instruction. Health instruction is designed according to the needs and abilities of the students at successive grade levels.

Comprehensive health instruction programs teach more than facts. They help students learn life skills which entail self-esteem, effective communication, peer refusal techniques, decision-making, and problem-solving. The goal is to help students to make informed decisions and to assume responsibility for their own health behaviors.

Comprehensive health instruction is not merely crisis-driven or contingent on availability of categorical funds for a designated health topic. It encompasses all aspects of health. The Department of Elementary and Secondary Education has identified within its *Core Competencies and Key Skills for Health Education* these nine areas:

- disease control
- personal health
- substance abuse
- environmental/community health
- family life/sex education
- consumer health
- nutrition
- safety/first aid
- mental health

Health instruction can be provided through *direct teaching* in classes devoted entirely to health, or be *integrated into existing subjects*, such as math, science, home economics, social studies, and language arts. A combination of these approaches can help assure that all school students receive health education.

The second meaning of comprehensive health education, an **expanded school health program model**, is much broader and promotes the importance of various program components. If well coordinated, these components can have complementary and synergistic effects on the health and well-being of school students, staff and the community. This model, recommended by the

American School Health Association and the Centers for Disease Control, identifies these eight components of a quality comprehensive health education program:

- School health instruction
- School health services
- Health[illegible]fe environment
- Physi[illegible]ucation
- School food services
- School counseling services
- Wellness programs for school employees
- Integrated school and community health promotion efforts

Both definitions require a long term commitment to quality comprehensive health education and focus on the prevention of a wide array of health problems.

Why Do We Need Health Education?

We believe that providing access statewide to quality comprehensive health education will result in improved health outcomes for our children in the short term and for us as a society in the long term.

School-aged youth are the only group for whom illness and death rates have *increased* rather than decreased over the past 20 years.

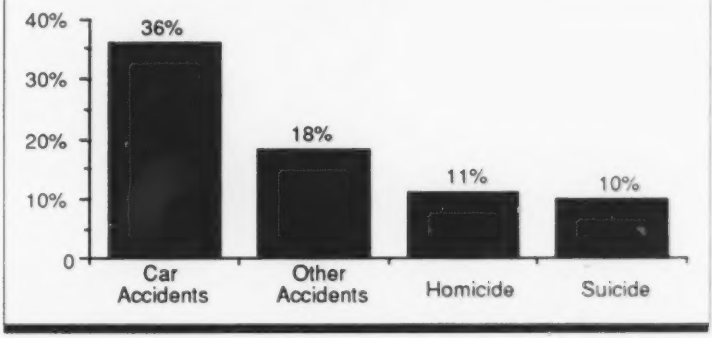
Each of the four leading causes of death can be directly affected by providing students with knowledge and life skills necessary to make the choices which would prevent needless loss of young lives.

We are beginning to understand that lifestyle choices made at early ages will increase the likelihood of developing fatal adult diseases and that behavioral patterns established during the formative years have direct effects on adult health. For example, smoking is a major risk factor for the three leading causes of death in our state: heart disease, cancer, and stroke. We know that children begin making choices about smoking by the 3rd grade.

At least one third, and perhaps as many as 60%, of our students have at least one behavioral risk factor (such as smoking, poor diets, or physical inactivity) for our leading killer, heart disease. These risks can be reduced by providing the knowledge of their consequences, the life skills needed to choose healthy behaviors, and a school and community environment which values and reinforces health.

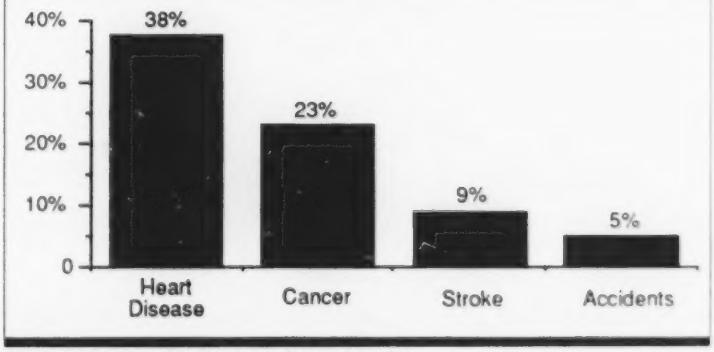
Seventy-five percent of the deaths represented below are from preventable injuries, accidents and violence.

Figure 1. Leading Causes of Death, 5-19 Year Olds



Source: Missouri Department of Health, State Center for Health Statistics, 1988

Figure 2. Leading Causes of Death, All Ages



Source: Centers for Disease Control, 1988

Although we know mundane practices, like smoking or not wearing seatbelts, are the causes of most deaths, these unhealthy habits do not evoke the same sense of urgency or crisis as the topics of **drugs**, **sex**, and **AIDS**. These problems demand society's attention and cry out for health education.

"The problems of adolescence deal with deep and moving human experiences. They center on a fateful time in the life course when poorly informed decisions have lifelong consequences. The tortuous passage from childhood to adulthood requires our attention, our understanding, and a new level of thoughtful commitment."

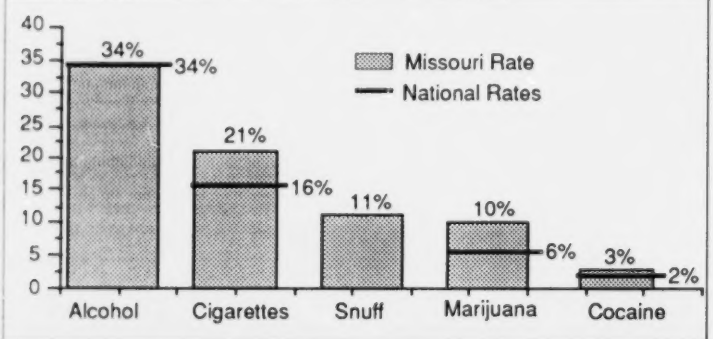
David A. Hamburg, President, Carnegie Corporation

Alcohol, Tobacco and Other Drugs

Young people begin making decisions about using addictive substances when they are in elementary school.

In Missouri, by the 3rd grade, 16% have tried alcohol and/or cigarettes.

Figure 3. Substance Abuse Among Missouri 8th Graders



Sources: Missouri Department of Health survey of 5th, 8th, & 12th graders, 1987-88. National Adolescent Student Health Survey, 1988

Figure 3 shows the percent of Missouri 8th graders who have used the substances noted at least once within the last 30 days. (Researchers use the 30-day rate as an indicator of current use.)

Although alcohol is by far the drug of choice, Missouri adolescent use of tobacco and marijuana is significantly higher than national rates.

Early initiation of drug use is associated with other high risk behaviors such as school failure, delinquency, sexual behaviors leading to pregnancy, and AIDS. If the age of first use can be delayed beyond childhood and adolescence, it is possible that young adults will be less likely to develop alcohol and drug problems.

Teenage Pregnancy

In 1988, 3,848 babies were born to school-aged adolescents in Missouri.

In addition to the known health implications for the school age parent and child, there are other significant issues. Adolescent parenting may contribute to inadequate and incomplete education, increased risk for child abuse and neglect, and the continuation of children in the poverty cycle.

Figure 4. Teenage Pregnancy in Missouri, 1988

Age	No. Live Births	
12	5	
13	27	
14	140	3 had 2nd child
15	479	30 had 2nd child
16	1,131	107 had 2nd child
		11 had 3rd child
17	2,066	306 had 2nd child
		43 had 3rd child
Total	**3,848**	

Source: Missouri Department of Health, State Center for Health Statistics

AIDS

45% of all Missourians who have tested HIV seropositive for the AIDS virus are teens and young adults, most of whom were infected during adolescence.

Recent studies reveal that adolescents are one of the fastest rising risk groups for the incidence of HIV infection. Teenagers frequently feel invulnerable to fatal diseases and death leading to experimentation with drugs and sex, and other forms of risk taking.

The number of HIV infected infants born to adolescents in the U.S. increased 196% in two years. Experts say by 1991 AIDS will be the second leading cause of death in children.

While AIDS has captured much attention as a frightening and serious disease, adolescents in Missouri are much more likely to contract the more common sexually transmitted diseases such as gonorrhea and chlamydia.

"Education is the only vaccine we have now for AIDS. Unfortunately this intervention is under-financed and underrespected. There is nothing more immoral than letting our children die out of ignorance."

Dr. Mervyn Silverman Speaking at Southwest Missouri State University

Is Health Education Effective?

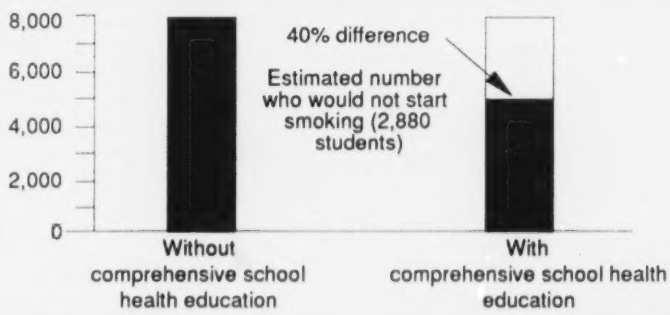
Nearly 40% fewer students started smoking because they had received comprehensive health education.

During the past 10 years, an increasing body of research has demonstrated not only the need for, but also the effectiveness of, health education programs.

Health education can prevent cigarette smoking.

The School Health Education Evaulation (SHEE) study evaluated the effectiveness of a comprehensive health education curriculum in preventing onset of smoking in students. Students who participated in the comprehensive health education were compared with students not in the program.

Figure 5. Number of 7th Graders Who Smoke



It is important to note that this effect was obtained from students' exposure to a comprehensive curriculum that *did not focus primarily* on smoking.

If we apply the results of this study to all Missouri's 7th graders, that is, if every 7th grader participated in a quality comprehensive school health curriculum program, nearly 3,000 of our 7th graders would not begin smoking.

Health education can prevent alcohol-related traffic deaths.

Alcohol-related traffic crashes are the leading cause of teenage deaths, and 1/3 of all teenage deaths involve alcohol and/or other drugs.

In 1988, over 200 alcohol and drug free **Project Graduation** *programs were sponsored by Missouri schools and communities.*

In 1980, schools in Maine wanted to do something about this tragic statistic after they discovered that a significant number of their high school seniors die during the commencement period because of teen driving under the influence of alcohol. The affected communities decided not to accept graduation celebrations with alcohol as the norm. Schools, parents, students, and interested citizens participated and helped develop a school/community program and educational campaign that promoted alcohol-free celebrations. It was called *Project Graduation.*

As a result of this effort, teen alcohol related auto fatalities during the graduation period dropped to zero. The

successful Maine experience has led to the development of *Project Graduation* programs in all 50 states.

Health education can prevent teen pregnancies.

One example of the effectiveness of health education in preventing adolescent pregnancy is the *School/Community Program For Sexual Risk Reduction Among Teens* in South Carolina.

It involved the development of a curriculum that was scientifically accurate, developmentally appropriate and culturally acceptable. This community supported program emphasized careful organization and collaboration between parents and leaders from schools and the churches.

The study compared pregnancy rates of students participating in the program with those who were not. Over a four-year time span, there was a 54% decrease in the estimated rate of teen pregnancy in the schools and communities where the program was conducted.

Health education can prevent alcohol and drug use.

Drug abuse prevention research is clear on one major point: *isolated, one-shot, or single focus programs are ineffective.* The most effective drug abuse prevention programs are part of a broader, prevention effort focused on health and success promotion. They must involve the school, parents, and community.

Elements that should be part of the comprehensive approach are:

- A K-12 curriculum integrated with other health education topics.
- A refusal-skills training component such as the highly successful project Students Taught Awareness and Resistance (STAR) program.
- Peer led components, (i.e. Natural Helpers, Hi-Step, or Teenage Health Consultants).
- Strong parent and community involvement strategies.
- Clear and consistently enforced school policies.

A 10-year longitudinal study was conducted to assess the effects of the comprehensive school health education program, *Growing Healthy*. Students

"The causes of substance abuse are multiple — and prevention efforts focused on a single system and a single strategy will probably fail."

Bonnie Benard
Research Specialist
Prevention Resource Center, Inc.

in the study were tracked from kindergarten through ninth grade. *Growing Healthy* students' attitudes and behaviors were compared to students who learned health via the textbook approach. The study demonstrated that students exposed to comprehensive health education:

- were less likely to use alcohol and tobacco products
- had stronger beliefs that they would not use alcohol as adults
- were less likely to have tried drugs
- had stronger beliefs that they would not use drugs as adults

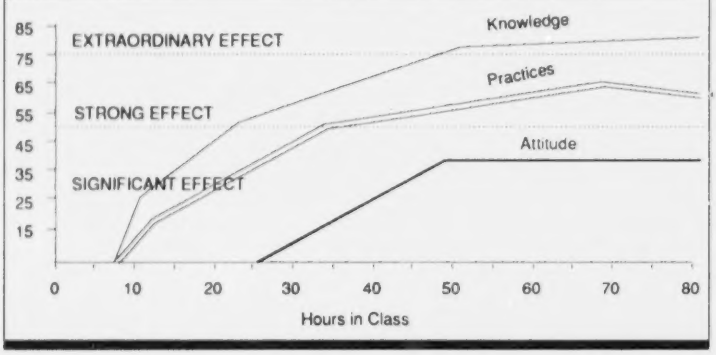
What Makes Health Education Work?

In the October 1985 Journal of School Health, the American School Health Association reported on the landmark School Health Education Evaluation (SHEE) study which demonstrated the effectiveness of comprehensive health education programs. This massive study involved over 30,000 students from 74 school districts in 20 states.

It revealed that students who participated in comprehensive health education showed significant positive changes in their health-related knowledge, practices and attitudes when compared with other students.

Figure 6 illustrates the impact of comprehensive health education. While a change in knowledge was accomplished relatively easily, it took a larger investment of classroom time ***(approximately 40-50 hours)*** to demonstrate statistically significant improvements in the more important areas of attitudes and practices.

Figure 6. Impact of Comprehensive Health Education



Key Components

Many studies, including SHEE, have identified key components to a successful comprehensive health program. These factors, none of them surprising, are summarized:

- Strong administrative support and commitment to health education.
- Careful curriculum planning, using trained health educators and local input to encourage school/community "ownership" of the program.
- Adequately prepared and motivated teachers, with provision for teacher inservice training.
- Teachers faithfully implement the curriculum as designed.
- Sizeable commitment of classroom hours to health instruction, using both direct and integrated teaching methods.
- Availability of multi-media support materials and resources.
- Ongoing planning, revision and evaluation of efforts locally.
- Coordination of school and community health education efforts.

In recent years, the importance and potential of collaborative school and community health education efforts have been recognized. Schools cannot do it alone; they have students only about 12% of the time.

The health education messages communicated in the school and community must be consistent and create an environment that provides support for positive health behaviors. For example, if students are to learn that tobacco is hazardous to their health to send a consistent message: 1) schools should have a smokefree policy to prohibit smoking in school facilities among students, faculty, and visitors; *and* 2) the community should have a clean indoor air ordinance and enforce restrictions to prohibit the sale of tobacco products to minors.

What We Can Do: Our Recommendations

To formulate its recommendations, the Council felt it was imperative to receive input and advice from hundreds of state and local school and community leaders. Their information was insightful and confirmed that many Missourians care about the health of our young people and believe that health education should be a priority in our state. Through its 15-month study, the Council identified these four priority areas for its recommendations:

1. Comprehensive School Health Instruction
2. Comprehensive School Health Services
3. State Agency and Local Coordination of Health Services and Programs
4. Family and Community Involvement in Health Education

1. Comprehensive School Health Instruction

GOAL: To assure that every child in Missouri has access to health instruction by promoting and implementing quality comprehensive school health education programs in Missouri schools.

At this writing there is no state requirement mandating that all Missouri students receive health instruction.

STRATEGIES TO ACHIEVE GOAL:

1. Include expanded eight point comprehensive health education model (page 9) into the Missouri School Improvement Program Standards, which is the new school accreditation system being implemented by the Department of Elementary and Secondary Education (DESE).

A. Require every school to have a written sequential health education curriculum for grades K-12. This curriculum should be based on a preventive comprehensive approach rather than designed in response to categorical health concerns of the moment.

B. Require a minimum of 45 hours of health instruction annually at all grade levels using direct and/or integrated teaching methods.

C. Recommend that local school boards require all students to demonstrate mastery of important health education objectives as a condition of graduation. Essential learner outcomes can be found in the Core Competencies and Key Skills for Missouri Schools.

49% of schools surveyed in Missouri do not have a written health education curriculum.

A majority of the remaining 51% have no comprehensive health education curriculum for all grade levels.

Source: Coordinating Council Survey, 1989

D. Recommend physical education for K-8 students at least three days a week. This should include vigorous, well-planned activities that focus on students' development of skills and aerobic fitness behavior.

2. Update and revise Core Competencies and Key Skills for Health Education and Physical Education within the next four years and every five years thereafter.

A. This should be done by a team including directors of the regional resource centers, classroom teachers and health education experts, and reviewed by the Children's Services Commission's Comprehensive Health Education Advisory Committee.

3. Provide additional health education pre-service and inservice training for school administrators, and all classroom teachers.

A. Academic preparation for classroom teachers should include health knowledge, health teaching strategies and methodology on how to integrate health education core competencies and key skills into other subjects.

B. With support from DESE, regional resource centers should be developed at state universities and should offer health education inservice workshops for school personnel in their area.

C. Funding is recommended to hire health educators for regional resource centers and district health offices to provide technical assistance, training and resources needed by schools to develop and implement quality comprehensive health education programs.

D. DESE and its Health and Physical Education Preparation Advisory Committee should conclude their review of preservice academic preparation (certification) requirements for elementary teachers, health teachers, physical education teachers and administrators and report findings and recommendations to the Children's Services Commission's Comprehensive Health Education Advisory Committee and to the Missouri Advisory Council for Certification of Educators by June, 1990.

Because integrated teaching will be expected of essentially all classroom teachers at all grade levels, the content of health instruction preparation courses for all instructional areas should be evaluated.

E. DESE should clarify that it will reimburse teachers for taking health education courses if the teachers are responsible for instructing students in health education.

Fewer than 10% of Missouri schools have a designated budget for teacher inservice training in health education.

Source: Coordinating Council Survey, 1989

This may include classroom teachers that are responsible for integrating health instruction into other subject areas.

F. The departments of Elementary and Secondary Education, Health, Mental Health, higher education institutions, education and health organizations, and the private sector should collaborate to sponsor state health education/wellness conferences to help school staff develop personal and professional skills in health education and healthy lifestyles.

4. Establish state and local assessments to evaluate the effectiveness of school health education and physical education programs and to document program accountability.

A. DESE should take the lead on developing assessments for health education and physical education with assistance from health educators, Missouri Association of Health, Physical Education, Recreation, and Dance (MAHPERD), the Department of Health, and the Children's Services Commission's Comprehensive Health Education Advisory Committee. Ongoing evaluation of health education and physical education programs should be conducted at the local level and reported to the school board and public in each district.

B. Health concepts should be integrated into current subjects tested by the Missouri Mastery Achievement Test (MMAT). These should be phased in as revisions are made by DESE, and eventually comprise 10-20% of this exam.

C. Encourage schools to use the DESE health education test item bank to assess student acquisition of health knowledge, attitudes, and behaviors. Recognize schools for high achievement.

D. Encourage schools to use the "Physical Best" test to assess student fitness levels, develop personal fitness programs, and measure improvements.

F. DESE and the Department of Health should collaborate to replicate the CDC National Adolescent School Health Survey in Missouri beginning in 1990 to formally assess statewide status of student health knowledge, attitudes and behaviors.

The results of these assessments should be used at the local and state levels for planning and program policy revisions.

More than 30 states sponsor conferences to motivate teachers and administrators to become good health role models, and help schools develop a school team approach for developing and implementing school health promotion programs.

Model Programs: Comprehensive School Health Instruction

Growing Healthy in Festus

Festus schools are implementing a nationally validated K-6 health curriculum called *Growing Healthy*. This curriculum integrates health education in other subject areas such as science, language arts, math, and social studies. It uses hands-on, multi-media teaching techniques and community resources.

School administrators and teachers are strongly committed to the program because *Growing Healthy* is exciting and relevant to their students.

The American Lung Association of Eastern Missouri has provided funding for teacher inservice training and ongoing technical assistance.

Health Track in Kansas City

Adolescent Resources Corporation has developed *"Health Track"* with input from parents, teen advisory groups, school officials, social services agencies, and public and private funding sources. *"Health Track"* includes:

- Comprehensive health curricula, *Growing Healthy* for K-6 students and "Teenage Health Teaching Modules" for secondary students.
- Health screenings and computerized health risk appraisals to identify students' physical and health behavioral risks.
- Follow-up to assist students with identified physical or emotional health risks. Referrals are made to needed community services.
- Community health promotion to create a community environment which supports and reinforces healthy lifestyles.

2. Comprehensive School Health Services

Goal: Provide comprehensive school health services to all Missouri students and their families, and school staff.

STRATEGIES TO ACHIEVE GOAL:

1. Require schools to make available school nursing services for every school-age student, as specified by the Missouri School Improvement Program. School districts could employ a school nurse(s) or contract with public health departments or other agencies to provide services.

A. Encourage local school districts to fully utilize the school nurse in a professional role as a manager of health services, health education resources, and coordinator for children with special health care needs.

B. Encourage local school boards to provide a nurse to student ratio that allows for comprehensive health services. A nationally recommended ratio is 1 nurse to 750 students or less. Use of paraprofessionals or vounteers could increase that ratio to one nurse to 1,200 students.

2. Require each school to have designated staff trained in first aid and CPR. Encourage opportunities for students and staff to receive CPR training.

3. Increase the counselor to student ratio so that all students can receive expanded school counseling services.

A. Encourage local school boards to support the expanded role of the school counselor in addressing health related concerns.

B. Establish a system for identifying at-risk students, providing crisis intervention when needed, and making appropriate referrals to community mental health resources.

C. Encourage schools to establish student assistance programs. One example, peer helping programs have proven to be an effective means of helping students deal with problems and resist negative peer pressure.

4. Continue to support and expand school food service programs and nutrition education.

A. Promote the expansion of the School Breakfast Program to all schools.

Fewer than 50% of Missouri public school districts employ the services of school nurses.

Over 90,000 Missouri students in public schools do not have access to a school nurse.

Source: Missouri Department of Elementary & Secondary Education, 1989

Only 30% of Missouri schools currently participate in the School Breakfast Program.

Many studies cite increased academic performance, improved classroom attentiveness and reduced tardiness and absenteeism as benefits of a school breakfast program.

Source: Missouri Department of Elementary & Secondary Education

B. Support the concept that school food service staff is a part of the health education team.

C. Promote nutrition education in-service training for classroom teachers and school food service staff.

D. Promote the inclusion of nutrition education in the comprehensive school health curriculum.

E. Promote use (sale) of nutritious foods for school activities, fund raisers, and in vending machines.

and

Discourage the sale of food items in competition with school breakfast and school lunch from the beginning of the school day to the end of the lunch period.

5. Encourage schools to offer wellness programs for school employees. These programs may include health screenings, and healthy lifestyle programs (i.e., smoking cessation, nutrition/weight control, walking and other fitness activities).

A. In addition, schools should offer employee assistance programs to help individuals deal with stress, personal and family problems, and substance abuse.

6. Explore the possibility of providing Medicaid services to at risk children through the school setting.

Model Programs: Comprehensive School Health Services

In Springfield

The Springfield Public Schools offer examples of several comprehensive school health services:

- School nurses are accessible to all school students in every school building.
- Interdisciplinary staff teams (CARE teams) identify students at risk for drug abuse and other problems, and make referrals to community mental health services as needed.
- Teen parent programs provide daycare for students' children and parent education to enhance young parents' potential to complete high school.
- "Wellspring," a wellness program for school employees, helps staff adopt healthy lifestyles and be good role models for students.

In Independence

Independence schools are involved in several innovative comprehensive school health services:

- The Independence Missouri Health Education Project (IM/HEP) sponsored by the city health department, community and PTA volunteers, conducts student health screenings and provides resources for classroom health instruction.
- School food services include a breakfast program in addition to school lunches. Food service staff members participate in inservice programs and serve as a resource for nutrition education of students.
- The 21st Century Program provides day care for pre-school children and before and after school care for elementary school students.

3. State Agency/Local Coordination

Goal: Continue and increase state agency coordination of health education programs and services for local schools and communities.

Health education efforts of all agencies should be designed as parts of a comprehensive health education plan rather than as isolated, categorical health education interventions.

STRATEGIES TO ACHIEVE GOAL:

1. Establish a Comprehensive Health Education Advisory Committee within the Missouri Children's Services Commission to continue the work of the Council. This committee would monitor the implementation of the Council's recommendations and report regularly on the status of health education in Missouri to the Children's Services Commission.

2. Maintain a comprehensive health and physical education consultant in the Department of Elementary and Secondary Education.

Only 30% of Missouri schools surveyed offer one or more wellness activities for their employees.

Only 10% have employee assistance programs for faculty and staff.

Source: Coordinating Council Survey, 1989

3. Strengthen the existing network of health education clearinghouses in Missouri.

A. Support the Missouri Education Center's role as hub of the university Regional Resource Centers.

and

Recommend funding for Regional Resource Center health educators to meet the demand for local schools' health curriculum development and implementation and for development of appropriate computerized linking capabilities.

B. Support the Department of Health Audiovisual and Literature Service which houses free health education materials for schools, community organizations, individuals and health agencies in the state.

C. Help identify funding and other support to link these clearinghouses with one another and with other health information databases across the nation.

D. Provide an updated 1990 *Directory of Children's Services* by Children's Services Commission. This directory would highlight services related to health education and assist schools and communities in identifying state resources.

4. Encourage and identify resources to develop local "healthy school and community" initiatives which target youth. Funding sources such as federal, state, and local agencies, volunteer health organizations, private foundations and business corporations should be explored.

Model Programs: State Agency/Local Coordination

Chariton County

The Chariton County Health Department receives consultation and grant support from the Missouri Department of Health, Bureau of Health Promotion to administer comprehensive school health programs. Health department staff members:

- conduct teacher inservice training, classroom health instruction, parent education, and safety programs for bus drivers;
- assist schools in developing health policies and plans;
- provide resources and consultation to help teachers develop health curricula;
- conduct wellness programs for school employees;
- provide school nursing services.

A county wide school and community health coalition has been established and has surveyed parents and teachers of all schools to assess local opinion and garner support for school health education.

Missouri Institute for Prevention Services

The Department of Mental Health, Division of Alcohol and Drug Abuse administers the Missouri Institute for Prevention Services (MIPS) through contracts with agencies serving regional areas across the state. The MIPS coordinates alcohol and drug abuse prevention services and provides consultation, training, and technical assistance at the local level. Services include:

- School/Community team training to assist local groups develop and implement community alcohol and drug abuse prevention programs;
- Regional Teen Institutes and peer training to assist school students and faculty develop a variety of programs (i.e. peer resistance clubs, peer helper programs, and alcohol/drug-free parties and celebrations);
- Curriculum assistance to help schools identify appropriate alcohol and drug abuse education curricula and support materials;
- Multi-faceted prevention programs for high-risk youth.

4. Family and Community Involvement

GOAL: Promote family and community involvement in health education for children and adolescents.

Less than 12% of Missouri schools surveyed stated they have a school health advisory council.

Source: Coordinating Council Survey, 1989

STRATEGIES TO ACHIEVE GOAL:

1. Strongly encourage each public school district and each private school system to establish a local School/Community Health Advisory Council.

A. Members should be representative of the community (i.e., school administration, board, teachers, school nurse, counselor, parents, students, clergy, health department, law enforcement, media, medical professionals, business, Division of Family Services, private/volunteer health agencies, community mental health agencies.)

B. Schools should be encouraged to use existing councils (i.e., Human Resources Networks, Drug Free Schools, Parents as Teachers, or other community groups) which could expand their charge to encompass overall school health.

Only 35% of Missouri schools surveyed stated they provide parent education materials.

Source: Coordinating Council Survey, 1989

C. Responsibilities of this council would include:

1. Ensuring that a quality comprehensive school health curriculum is in place.
2. Promoting and monitoring a healthful school and community environment to provide a consistent message to youth.
3. Identifying, promoting and garnering local support to address various school health needs.

2. Every school should provide parent education materials for all school ages and programs to facilitate parents' role as their child's first health educator and to enhance the school's health education instruction.

3. Schools and communities should use multi-faceted approaches that address child and adolescent risk behaviors and which facilitate positive bonding of youth to the school and community.

4. Schools and communities should create an environment which communicates consistent positive health messages and which reinforce positive health behaviors of young people, their peers, family and other community mentors.

5. Strongly encourage every school board to develop and enforce a drug free school policy and a smokefree school policy.

Model Programs: Family and Community Involvement

Caring Parents in Southeast Missouri

The Community Family Life Program in Kennett provides training workshops to enhance parents' communication skills and increase their expertise in discussing human sexuality with their children. The workshop provides accurate information in a non-threatening, informal atmosphere, covers specific problems, offers solutions, communication techniques, and suggestions on how to address children's questions and concerns regarding sexuality. It empowers parents to effectively teach their children about sex and to dispel inaccurate information.

Caring Parents training is also offered to clergy, health professionals, youth services agency personnel and others who deal with issues of sexuality as they pertain to young people.

Parkway's *Partners in Health*

In the initial stages of Parkway's health curriculum development, a committee representing parents, educators, and community leaders was established to identify program goals and objectives. This framework was adopted by the Board of Education. Parents and community leaders continue to play a vital role in the implementation stage of the curriculum through representation on the Health Advisory Council. This group discusses and reviews matters pertaining to the health program, and makes recommendations to the Health Coordinator.

Parents are vitally important to the success of the program at every grade level, as they are the primary educators of their children in all areas of health. Communication between parents and school is open and ongoing.

All parents receive a Family Handbook which informs them of health concepts their children are being taught. This handbook also suggests parent activities to support and enrich the taught curriculum.

A Word about Funding and Implementation

"Are we finally ready to make these issues a priority and not simply a matter of rhetoric? I think we are."

Dan L. Blackwell, DDS, State Board of Education, Speaking at the Governor's Conference on Health Education for Children

Despite the recognized educational and health benefits of a comprehensive health education program, the reality is that most Missouri schools do not have well planned sequential health education programs for *all* K-12 students. Many of the curricula in place are categorical or focus only on "crisis of the year" concerns such as drugs and AIDS. Indeed, these are important, but they are only two of many areas relevant to the overall health of school age youth now and throughout their lives.

There are several reasons why it is difficult to achieve funding for implementation of comprehensive health education:

- Comprehensive health education is a concept not well grasped by most, and is too broad to be improved by quick fixes.
- It is easier to focus attention and funds on categorical issues.
- For true benefits, these efforts must be part of a long term investment. Results will not show up quickly enough for some impatient state officials, and, unfortunately, children cannot vote.

We think there are **more than a million (1,460,300)*** reasons why it is worth making this long term committment:

- Health education is a cost effective, preventive expenditure of state and local dollars.
- Children who are not healthy cannot learn.
- Children who do not learn fail to become productive citizens.
- Children who do not support themselves as young adults cannot support us as older adults.
- Unhealthy kids threaten our futures and our pocketbooks.

Many ideas for funding the implementation of health education have been discussed. Areas explored include:

- Local, state, and federal monies (new or prioritized to reflect the importance of health education)
- Private foundations
- Businesses and corporations
- Volunteer health organizations

We charge the Comprehensive Health Education Advisory Committee of the Missouri Children's Services Commission with the responsibility of monitoring the progress made toward our goals and working with state policy makers to explore all possible avenues for funding.

"An ounce of prevention is worth a pound of cure."

Ben Franklin

* *Approximate number of Missouri children and adolescents.*

What You Can Do

1. **Discuss health topics with children and help them to develop healthful habits. Be a good role model of positive health attitudes and practices.**

2. **Inquire about the school health program in your community by contacting administrators, teachers, students or school board members.**

3. **Find out if your local school has a school/community health education advisory council or any other health related committee. Ask how you can participate or support their efforts to implement a comprehensive school health education program.**

4. **Let others know about your support of school health education.**

   a. Enlist the support of interested individuals, businesses and groups to which you belong.

   b. Speak to your school board or administration.

   c. Contact your state representative and senator to encourage them to support efforts to enhance comprehensive health education of our youth.

5. **Promote and support community efforts to help create a healthy environment which communicates positive, consistent messages regarding the importance of health.**

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Council Members

Dr. Janie Keesling Vestal
Chairperson
Parent

Lois Olson
Vice Chairperson
Director
Division of Alcohol and Drug Abuse
Missouri Department of Mental Health

Dr. Robert Bartman
Commissioner
Missouri Department of Elementary
& Secondary Education

Dr. W. C. Dandridge, Jr.
Physician

Dr. Gerald Gruszka
Assistant Principal
Bishop DuBourg High School

Dr. Robert Harmon
Director
Missouri Department of Health

Dr. Leanna Hoffman-Francis
Adjunct Professor
Kirksville College of Osteopathic Medicine

Samuel Lee
Parent Advocacy Group

David Millsap
Deputy Juvenile Officer
Laclede County

Kathie O'Sullivan
Local Health Department

Mark A. Rice
Student
Kennett High School

Richard Rice
Director
Missouri Department of Public Safety

Andrew Sharon
Student
John Burroughs School

Sen. Stephen Sharp
District 25

Gary Stangler
Director
Missouri Department of Social Services

Sen. Irene Treppler
District 1

Gina Wiley
Student
University of Missouri - Columbia

Rep. Clarence Wohlwend
District 100

Staff and Contributors

Staff

Patti Van Tuinen
Health Educator III
Missouri Department of Health

Jo Ann Schulte
Clerk Typist II
Missouri Department of Health

With Special Assistance From:

Otis Baker, Assistant Commissioner, Division of Instruction, Missouri Department of Elementary & Secondary Education

Nela Beetem, School Nurse Consultant, Missouri Department of Health/ Missouri Department of Elementary & Secondary Education

Marcia Haldiman, Anti-Drug Grant Analyst, Missouri Department of Public Safety

Rich Hayton, Coordinator for Prevention & Education, Division of Alcohol & Drug Abuse, Missouri Department of Mental Health

Greg Vadner, Deputy Director, Division of Family Services, Missouri Department of Social Services

Contributors and Consultants

Stephen Adams, Administration and Vocational Supervisor, Teacher Certification, Missouri Department of Elementary & Secondary Education, Jefferson City

Dr. John Amadio, Director, Independence City Health Department, Independence

Belinda Austin, Program Coordinator, Adolescent Resources Corporation, Kansas City

Mary Lynn Behrens, Program Director, American Heart Association, Kansas City

Harold Bengsch, Director, Springfield-Greene County Department of Health, Springfield

Roseann Bentley, President of National Association of State Boards of Education, Missouri State Board of Education, Springfield

Beth Bischof, Director, Caring Parents Program, Kennett

Marilyn Bosso, Food Services Director, Independence School Food Services, Independence

Dee Boucher, School Nurse, Hickman Mills High School, Kansas City

Marvin Boyer, Director, Elementary Education, Festus R-VI School District, Festus

Lucy Brewer, Counselor, Raytown South High School, Raytown

Dr. Jim Brown, Professor, University of Missouri, Columbia

Mary Jo Brown, Chairperson, People Actively Concerned Kirkwood (PACK), St. Louis

Larry Campbell, Chief Executive Officer, Visiting Nurses Association, Kennett

Connie Chadwick, Assistant to the Director, Missouri Department of Social Services

Marsha Chappelow, Health Curriculum Coordinator, Hickman Mills School District, Kansas City

Julia Chryst, Coordinator, Nutrition Education Training Program, Missouri Department of Health, Jefferson City

Debbie Clay, Student, Northeast Missouri State University, Kirksville

Marjorie Cole, School Nurse, St. Louis County Special School District, Town & Country

Terry Coleman, Director, Special Services, Festus R-VI School District, Festus

Kathryn Crabtree, Director of Education, Cass Medical Center, Harrisonville

Lois Culver, Director of Education and Training, Planned Parenthood, Kansas City

John Cyprus, Associate Director, ShareNet, Pan-Ed. Institute, Kansas City

Jeanne Daley, Director, Reach Out America, Kansas City

Bill Datema, Director, Community Health, Red Cross Education Program, Springfield

Scott Davis, Director, Jefferson County Health Department, Hillsboro

Dr. Joel Denny, Deputy Director, Missouri Department of Elementary & Secondary Education, Jefferson City

Dennis Edwards, Director of Adolescent Residental Services, Burrell Mental Health Center, Springfield

Barbara Eichhorst, School Nurse, St. Louis Suburban School Nurses Association, St. Louis

Kathy Ellsworth, Perinatal Health Coordinator, Southeastern District Health Office, Cape Girardeau

Stacy Elwell, Student, Raytown School District Peer Helper Program, Raytown

Chuck Espinoza, Chairman, Kansas City Interagency School Health Coalition, Kansas City

Sue Fisher, Director of Prevention Services, Progressive Youth Center, St. Louis

Nancy Gaines, School Nurse, Blue Springs School District and 1989-90 President, Missouri Association of School Nurses, Blue Springs

Cyndi Gamble, Legislative Liaison, Missouri Department of Mental Health, Jefferson City

Cathy Garner, Health Educator, Southeastern District Health Office, West Plains

Wilbert Grannemann, Director, School Food Services, Missouri Department of Elementary & Secondary Education, Jefferson City

Carol Greve, Health Curriculum Supervisor, Springfield Public Schools, Springfield

Clive Griffiths, Kansas City Comets, American Cancer Society Volunteer, Kansas City

Helen Guerkink, Health Coordinator, Parkway School District, St. Louis County

Melissa Haddow, Executive Director, Medical Museum of the Ozarks Health Education Center, Springfield

Virginia Heise, Chairperson, Dunklin County Community Council on Child Abuse, Malden

Dr. Jim Herauf, Professor, Northwest Missouri State University, Maryville

Jennifer Hill, Associate Director, Adolescent Resources Corporation, Kansas City

Linda Hillemann, Health Planning Specialist III, Missouri Department of Health, Jefferson City

Pat Hoelscher, Dissemination Specialist, Missouri Education Center, Columbia

Nancy Hughes, School Nurse, Lamar School District, Lamar

Sue Hughes, Administrator, Barton County Health Department, Lamar

Jan Isabelle, Health Promotion Coordinator, Trinity Lutheran Hospital Wellness Center, Kansas City

Jessie Johnson, Student, Parkway South Junior High School, St. Louis County

Kim Johnson, Volunteer and Education Coordinator, Metropolitan Organization to Counter Sexual Assault, Kansas City

Louise Kennedy, School Nurse, Dexter R-XI Public Schools, Dexter

Geri Kitzi, Director, Adolescent Health Resources Corporation, Kansas City

Katrina Kovarik-Stevens, Coordinator, Educational Services, Southwest Missouri Head & Spinal Cord Injury Prevention Program, Springfield

Dr. Tom Loughrey, Associate Professor, University of Missouri, St. Louis

Russ McCampbell, Administrative Assistant to the Commissioner of Education, Missouri Department of Elementary & Secondary Education, Jefferson City

Charlie McGuire, Certified Counselor, Cox Medical Center, Alcohol & Drug Treatment Center, Springfield

Herma McKenzie, Wellness Coordinator, Springfield Public Schools, Springfield

Dr. Joan McPherson, Professor, Southeast Missouri State University, Cape Girardeau

Glenda Miller, Nurse Consultant, Southwestern District Health Office, Springfield

Nancy Miller, Chief, Bureau of Health Promotion, Missouri Department of Health, Jefferson City

Peggy Mohl, Community Health Education Coordinator, St. Louis County Health Department

Dr. Gary Nelson, Senior School Health Specialist, Office of School Health & Special Projects, Centers for Disease Control, Atlanta, Georgia

Josephine Njoroge, Chairperson, Kansas City Regional Maternal & Child Health Planning Group, Kansas City

Dr. Chris Ohlemeyer, Chief, Adolescent Health Services, St. Louis County Health Department

Carolyn Pazdera, Teacher, Charleston Junior High School, Charleston

Richard Phillips, Coordinator, Supervision of Instruction, Missouri

Department of Elementary & Secondary Education, Jefferson City

Cathy Pinter, Executive Director, Progressive Youth Center, St. Louis

Betty Price, PTA Volunteer, Springfield Public Schools, Springfield

Tom Pridy, Volunteer, American Lung Association, Springfield

Larry Reed, Superintendent, Niangua School District R-V, Niangua

Marian Reisch, Nurse Coordinator, School Health Education Services, St. Louis County Health Department

Roberta Richey, Consultant, Nutrition Education Training Program, Missouri Department of Health, Jefferson City

Mark Roebuck, Chief, Office of Public Information, Missouri Department of Health, Jefferson City

Martha Roper, Health Teacher, Parkway South High School, St. Louis County

Debora Schneider, Coordinator, Community Action Safety Effort, Springfield

Bettina Schubert, Student and Peer Teacher, Parkway West High School, St. Louis County

Don Senti, Superintendent, Parkway School District, St. Louis County

Joyce Short, Health and Physical Education Teacher, Parkway South Junior High, Manchester

Barb Smith, Executive Director, Mastering Our Mothering Skills Program (MOMS), Sikeston Regional Children's Services, Sikeston

Wendy Sproul, Student, Raytown School District Peer Helper Program, Raytown

Christine Squibb, Executive Director, Ozarks National Council on Alcoholism, Springfield

Ginny Staley, Health Services Supervisor, Springfield Public Schools, Springfield

Dr. Robert Taylor, Curriculum Consultant, Division of Instruction, Missouri Department of Elementary & Secondary Education, Jefferson City

Kathie Thompson, Director, Iron County Health Department, Ironton

Sue Tippen, Health Program Representative, Southeastern District Health Office, Poplar Bluff

Cheryl Tucker, Associate Professor, Northeast Missouri State University, Kirksville

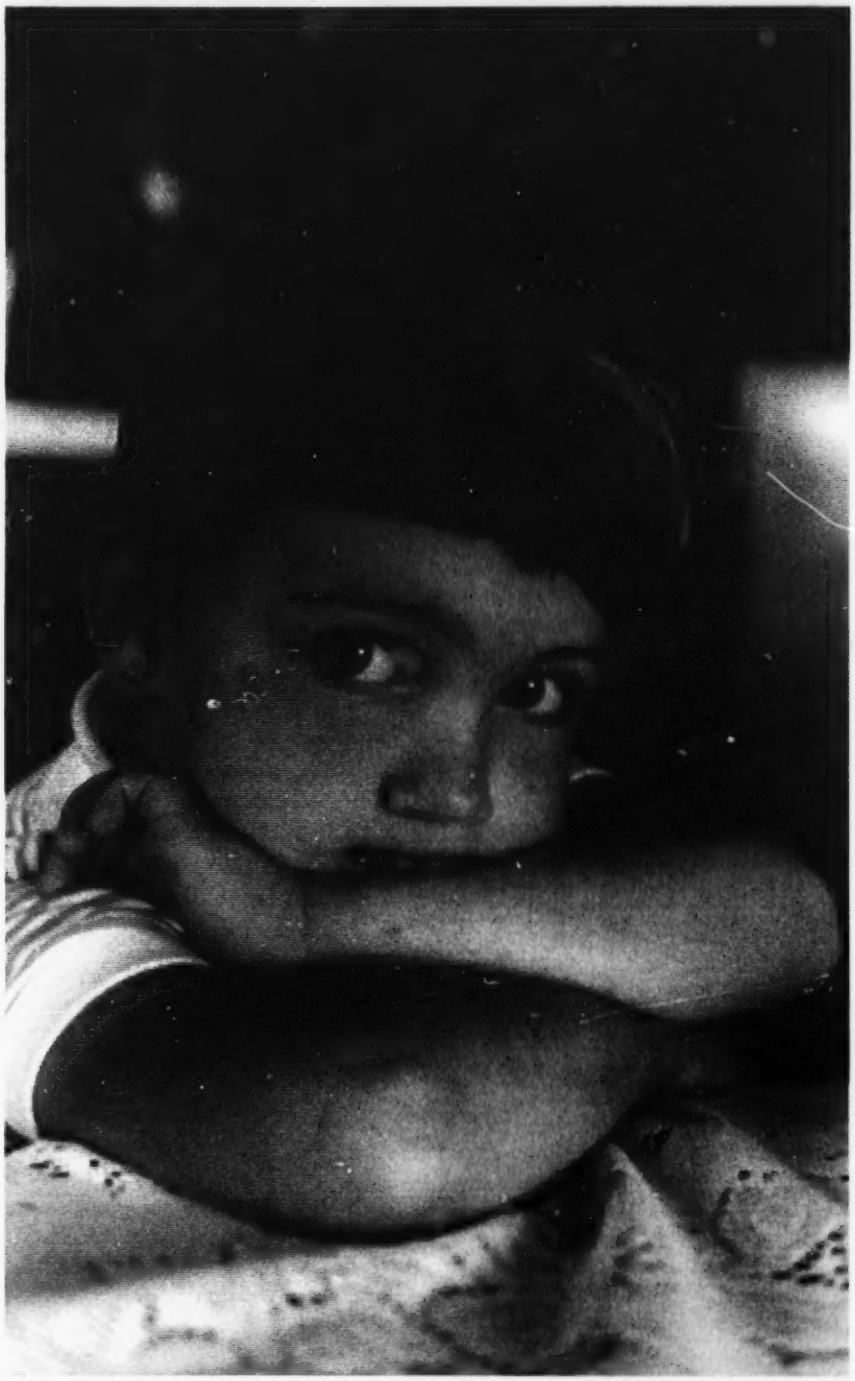
Dr. Mark Van Tuinen, Chief, Bureau of Health Services Statistics, Missouri Department of Health, Jefferson City

Renata Walz, Parent and Former President, Parkway Board of Education, St. Louis County

Diane Weber, Assistant Executive Director, American Lung Association of Eastern Missouri, St. Louis

Kathleen Welton, Health Educator, Clay County Health Department, Liberty

Karen West, Kansas City Association for Mental Health, Kansas City



"If our values are straight and we value human health above all, then health education becomes one of the master areas in all of American education.... Nothing is more important. Time must be found for it."

Delbert Oberteuffer, 1967

For additional copies of this report, contact:

Missouri
Department
of Health

P.O. Box 570
Jefferson City,
Missouri 65102

314-751-6048